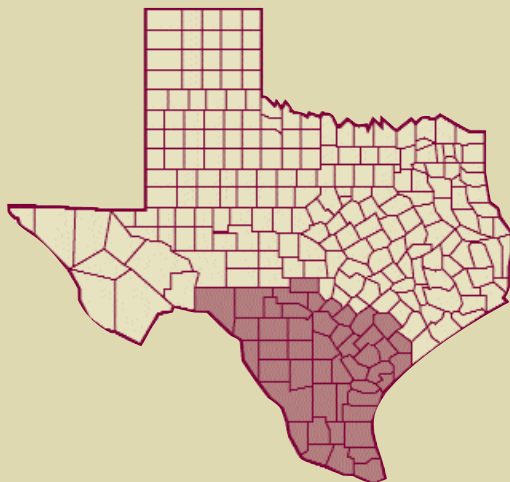


Comparing Texas HMOs 2000



Health Plan Quality
from the
Consumer's Point of View



prepared by the
OFFICE OF PUBLIC INSURANCE COUNSEL
www.opic.state.tx.us



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About the report . . .

The Office of Public Insurance Counsel (OPIC)

is a state agency which represents consumers as a class in insurance matters.

The 75th Texas Legislature directed OPIC to issue annual reports comparing HMOs in the state of Texas.

This report reflects the experience of Texans in Health Maintenance Organizations (HMOs) during 1999. Only commercial populations were surveyed. Not included in this survey were Medicaid and Medicare populations. However, Medicaid information is readily available from the Texas Department of Health (TDH). Medicare information may be obtained from the Health Care Financing Administration (HCFA). To contact these agencies, refer to the information on pages 31-32. In addition, the report does not include ERISA plans. See pages 26 and 32 for more information on ERISA plans.

The first section of the report contains results of a survey of HMO members, the CAHPS™ 2.0H survey. The results are reported by service area for each plan in seven different regional booklets (Central Texas, East Texas, Gulf Coast Texas, North Texas, Panhandle/Plains Texas, South Texas, and West Texas). The sections following the survey contain state-wide information such as complaint data, market share, and other helpful information as collected by the Texas Department of Insurance and other sources.

Who did the survey?

The survey – the Consumer Assessment of Health Plans Study, Version 2.0H (CAHPS™ 2.0H) – was performed by independent survey vendors certified by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans.

The survey comprises the consumer satisfaction measure for the Health Plan Employer Data and Information Set (HEDIS®) that Texas HMOs are required to submit annually to the Texas Health Care Information Council (THCIC). OPIC relied on the THCIC for the HEDIS®/CAHPS™ 2.0H survey data.

The HEDIS®/CAHPS™ 2.0H is a merging of NCQA's former HEDIS® Member Satisfaction Survey and the CAHPS™. CAHPS™ was developed by Harvard Medical School, Research Triangle Institute, Inc. and RAND.

Who was surveyed?

Adults who had been enrolled in their plan continuously for the 12 month period from January 1, 1999 to December 31, 1999 were surveyed. People only answered questions about the health care services they had actually used during the 12 months immediately preceding the survey.

The regional booklets of ***Comparing Texas HMOs 2000*** show results of an analysis made on more than 20,000 members in 59 health plans across Texas.

How was the survey done?

The survey was administered primarily by mail, with a telephone follow-up to those not responding to the mailed questionnaire. The survey was voluntary and confidential.

The survey asked HMO members questions about their experiences with their health plans and medical care, such as:

- Were claims handled quickly and correctly?
- Did they get the care they needed?
- Could they get appointments quickly when they needed them?
- Could they get information they needed from the health plan?

If you are interested in performance measures such as the rates at which the plans perform:

- Child immunizations
- Breast cancer screenings
- Comprehensive Diabetes Care,

the Texas Health Care Information Council has published reports which include this type of information. For other sources of information about HMOs, see pages 30-32.

What was the response rate?

The response rate for the survey was 45%. Of the 54,982 plan members selected and eligible to participate in the survey, 17,061 completed the survey by mail and 3,926 completed the survey by phone. Refer to page 18 for a list of response rates for all plans in the survey.

Why does health plan quality matter?

When you pick an HMO, you are also picking the doctors, hospitals, and other providers you can use. You are also choosing plan administrators, who review and approve or disapprove doctor-recommended care, and provide financial incentives to doctors based on the amount or type of care provided. That is why it is important to consider consumer ratings of health plan quality along with costs and covered services.

How this booklet can help you

This booklet gives you information about health plan quality from the point of view of people who were enrolled in the plans during 1999.

This booklet can help you choose a health plan by showing you how the plans in Texas compare on some important quality topics. Although this report compares plans, it does not tell you which one to choose. You should pick a plan based on what is most important to you and your family.

For a short description of health maintenance organizations and how to get additional information, see pages 5 and 30-32.

What are your legal rights?

Texas has some of the most comprehensive patient protection laws in the nation.

When you are deciding whether to enroll in an HMO, it is important to know that HMOs are required to provide you information you request about the **terms and conditions** of the health plan including:

***covered services,
exclusions and limitations,
prior authorization requirements,
continuity of treatment,
complaint resolution, and
the HMO's toll-free telephone number.***

Upon request the HMO also must tell you whether a specific drug is on the HMO's list of approved prescription drugs (formulary) within 3 business days of your request.

Some other rights covered by Texas law are:

Access to specialist care—in and out of the network
Access to prescription drugs—formulary, non-formulary, and off-label uses
Payment for emergency care, including care at out-of-network hospitals
Continuity of care when your doctor leaves the network
Complaints, appeals, and independent review of adverse determinations
Legal action against an HMO for harm caused by its treatment decisions
Prohibiting retaliation against a patient or doctor for filing complaints
Prohibiting financial rewards to doctors for withholding necessary care
Prohibiting contractual limitations on treatment options doctors can discuss with patients

The Texas Department of Insurance publishes a brochure describing your rights entitled **Health Maintenance Organizations**. Access this document on TDI's website at www.tdi.state.tx.us/consumer/cbo69.html or call 1-800-599-7467 to request a copy.

Types of health plans . . .

Network Plans

HMO*

You must use the network. There are advantages in cost and coverage. As long as you use the doctors and other providers in the HMO network, the HMO pays for covered services. You may have to pay a small co-payment when you receive care, for example, \$15 per office visit. You may also have a deductible or higher co-payment for hospital or other services.

Most HMOs ask you to choose a doctor or clinic to be your **primary care provider**, or PCP. Your PCP takes care of most of your medical needs.

Generally, before you see a specialist or other providers in the network, HMOs require that you talk to your PCP to get a **referral**. However, HMOs must allow women to choose a gynecologist in addition to a PCP. In addition, the law allows direct access to specialists in other situations. For more information see page 4.

Points to consider

You must use the doctors and other providers in the network.

If the HMO has **limited provider networks**, you may have to use only the doctors and other providers in your personal doctor's network.

You will usually pay less when you get care.

Preventive care is usually covered.

Non-network Plans

Fee-for-service or Traditional Indemnity

There is no network. It allows you to use any doctor or hospital without a referral.

These plans are called “fee-for-service” because doctors and other providers receive a fee for each service such as an office visit, test, procedure, or other health care service.

There is usually a **deductible**, which is the dollar amount you must pay each year before the insurance company begins to pay their share of the costs.

And when your insurance does pay, you usually must pay a portion of the costs yourself (for example, 20% of the charge).

Points to consider

You will pay more when you receive health care (office visits, hospital stays, etc.).

There may be more paperwork, such as filing claim forms to get payment for services covered by the insurance, and keeping track of payments toward the deductible.

You will have no limitations on choice of providers.

Blended Network / Non-network Plans

POS* and PPO

You are not limited to using the network, but there are advantages if you do.

In a **Point Of Service** (POS) option, you may use the plan as an HMO or as a fee-for-service plan. There may be limitations on your use of the POS.

Preferred Provider Organizations (PPO) have a network, but allow you to use out-of-network doctors on a fee-for-service basis. You may or may not be required to get a referral to receive specialty or out-of-network care.

Points to consider

If you use a provider who is in the network:

You will pay less when you receive care.

More services may be covered.

Network :

The group of doctors, hospitals, and other health care providers who serve people in a specific health plan.

* *These types of plans are included in this report.*

While analysis of the consumer survey was performed for **all** commercial health maintenance organizations (HMOs) in Texas, only the results for plans which provide services in the South Texas area are featured in the survey (CAHPS™ 2.0H) results portion of this booklet.

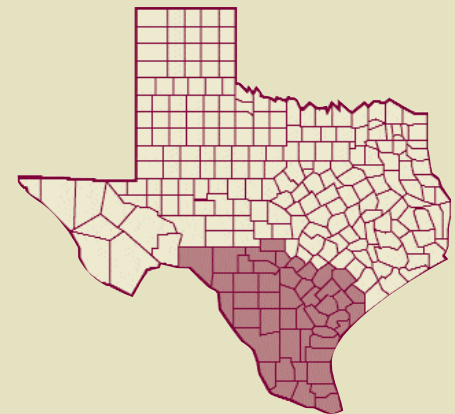
The counties included in the South Texas area are:

Aransas, Atascosa, Bandera, Bee, Bexar, Brooks, Calhoun, Cameron, Comal, De Witt, Dimmit, Duval, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Hidalgo, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Maverick, McMullen, Medina, Nueces, Real, Refugio, San Patricio, Starr, Uvalde, Val Verde, Victoria, Webb, Willacy, Wilson, Zapata, Zavala

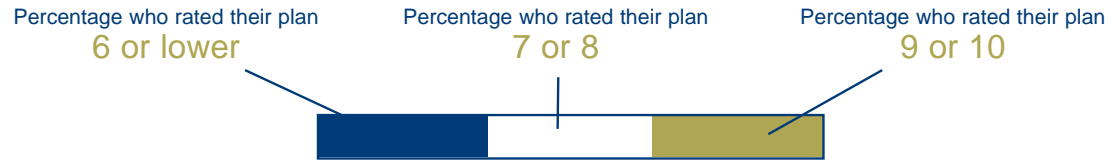
Not all HMOs provide services in each county listed here. HMOs whose service area is mainly in another region of the state are included in this report if their service area extends into at least one county in the South Texas region. The city/area shown after the name of each HMO indicates its main area of service. Contact plans directly for details on the areas they serve.

If your HMO is not included in the following section, chances are the plan was exempt from participating in the survey due to its low enrollment or its short time of participation in the Texas commercial HMO market during 1999. In addition, your plan may be among the commercial HMOs that failed to comply with reporting requirements (see page 18).

Survey (CAHPS™ 2.0H) Results for South Texas Plans

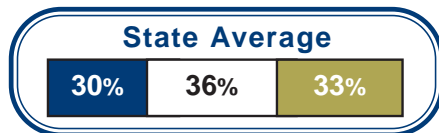
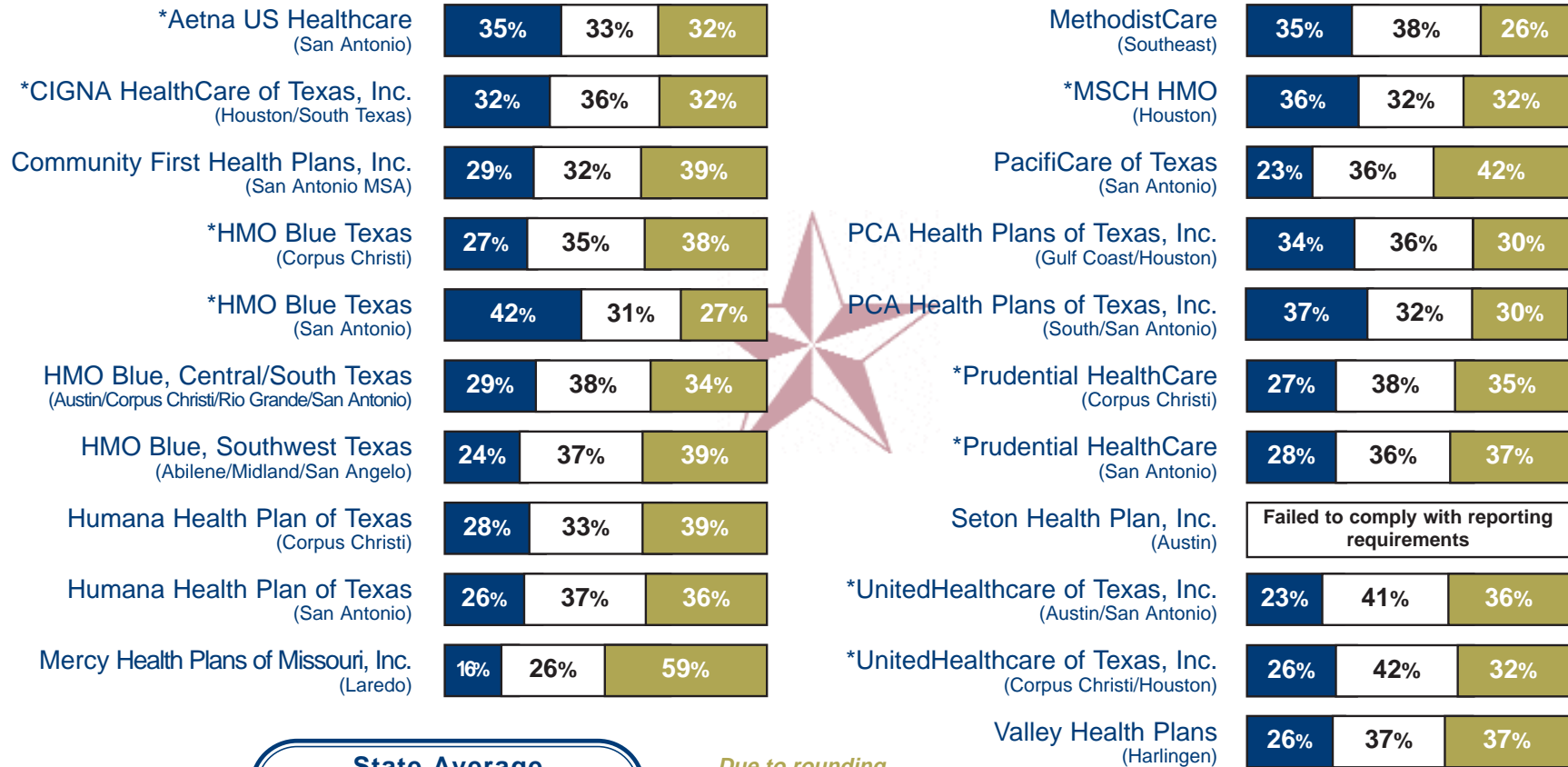


How people rated their health plan



The bar graphs show answers to a survey question that asked people to rate their health plan on a scale from:

0 = "worst health plan possible" to 10 = "best health plan possible"



Due to rounding, percentages may not add to 100%.

** Includes HMO & POS products. (see page 5 for explanation)*

How people rated their health care

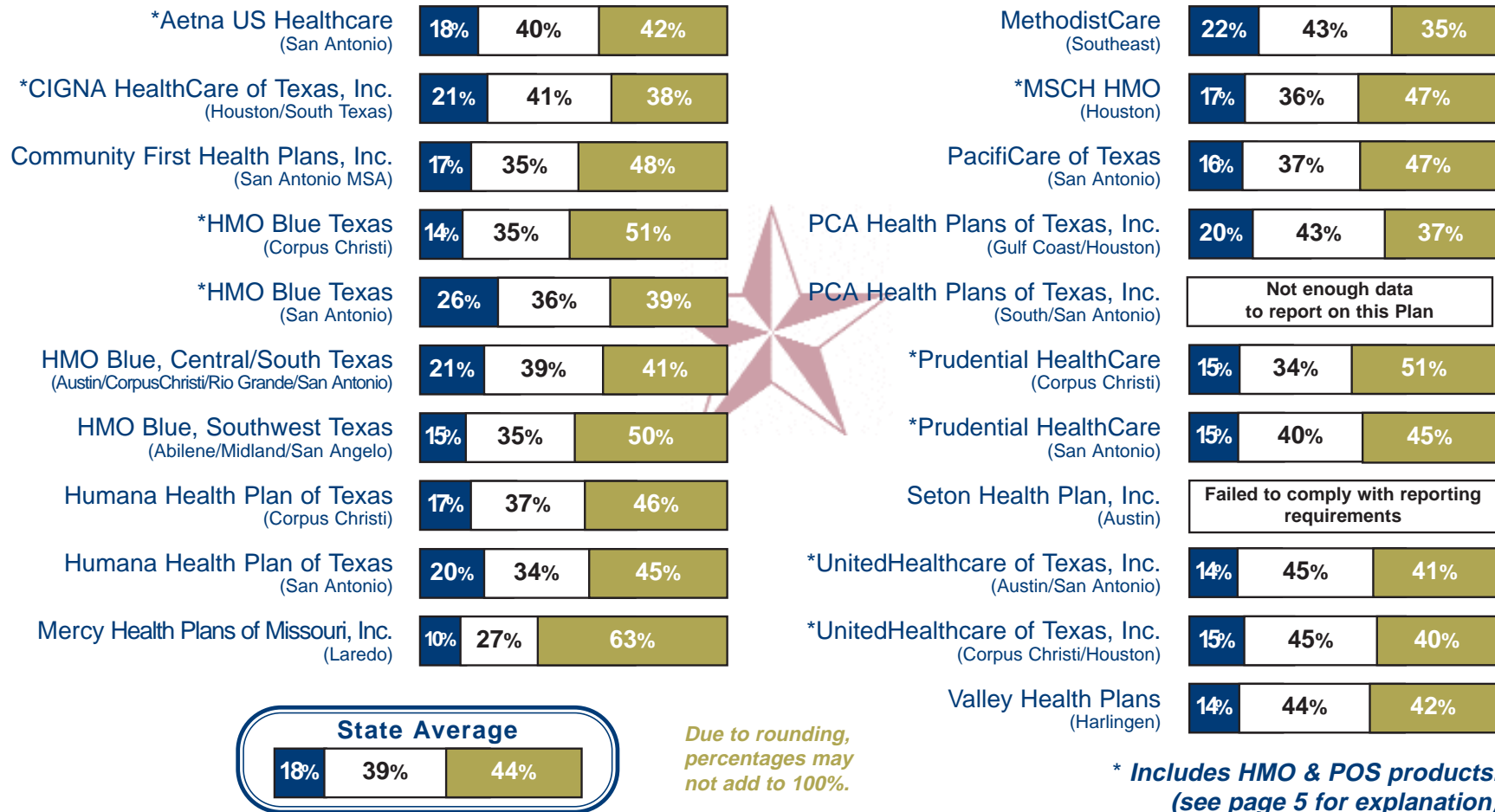
Percentage who rated their care
6 or lower

Percentage who rated their care
7 or 8

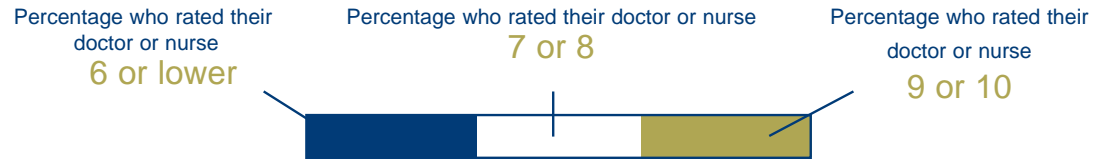
Percentage who rated their care
9 or 10



The bar graphs show answers to a survey question that asked people to **rate the care** they received from all doctors and other health providers on a scale from: 0 = “worst health care possible” to 10 = “best health care possible”

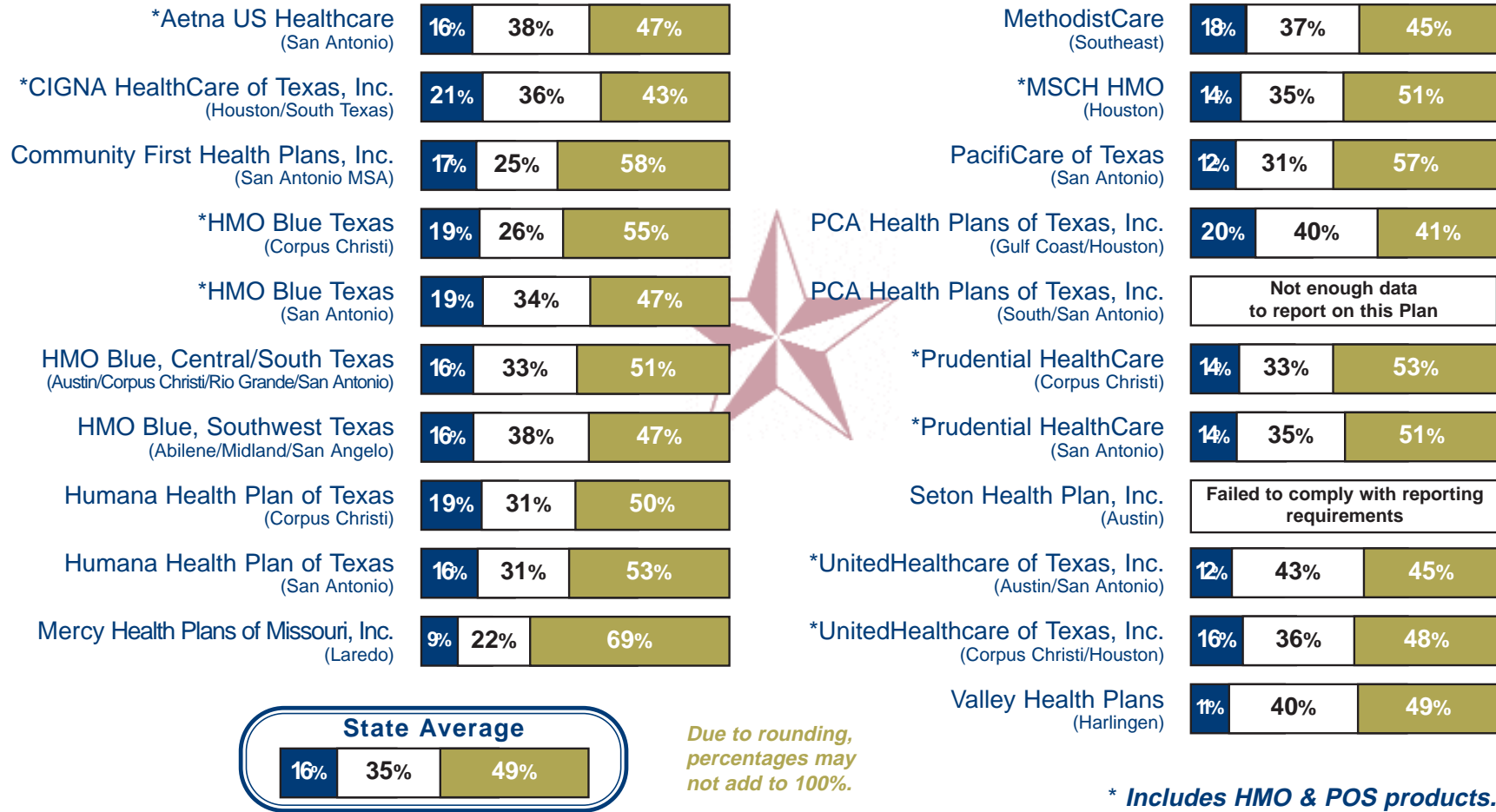


How people rated their doctor or nurse



The bar graphs show answers to a survey question that asked people to rate their doctor or nurse on a scale from:

0 = "worst personal doctor or nurse possible" to 10 = "best personal doctor or nurse possible"



* Includes HMO & POS products.
(see page 5 for explanation)

How people rated their specialist

Percentage who rated their specialist
6 or lower

Percentage who rated their specialist
7 or 8

Percentage who rated their specialist
9 or 10

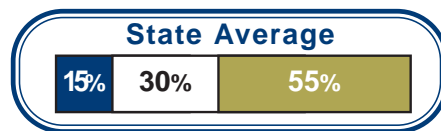
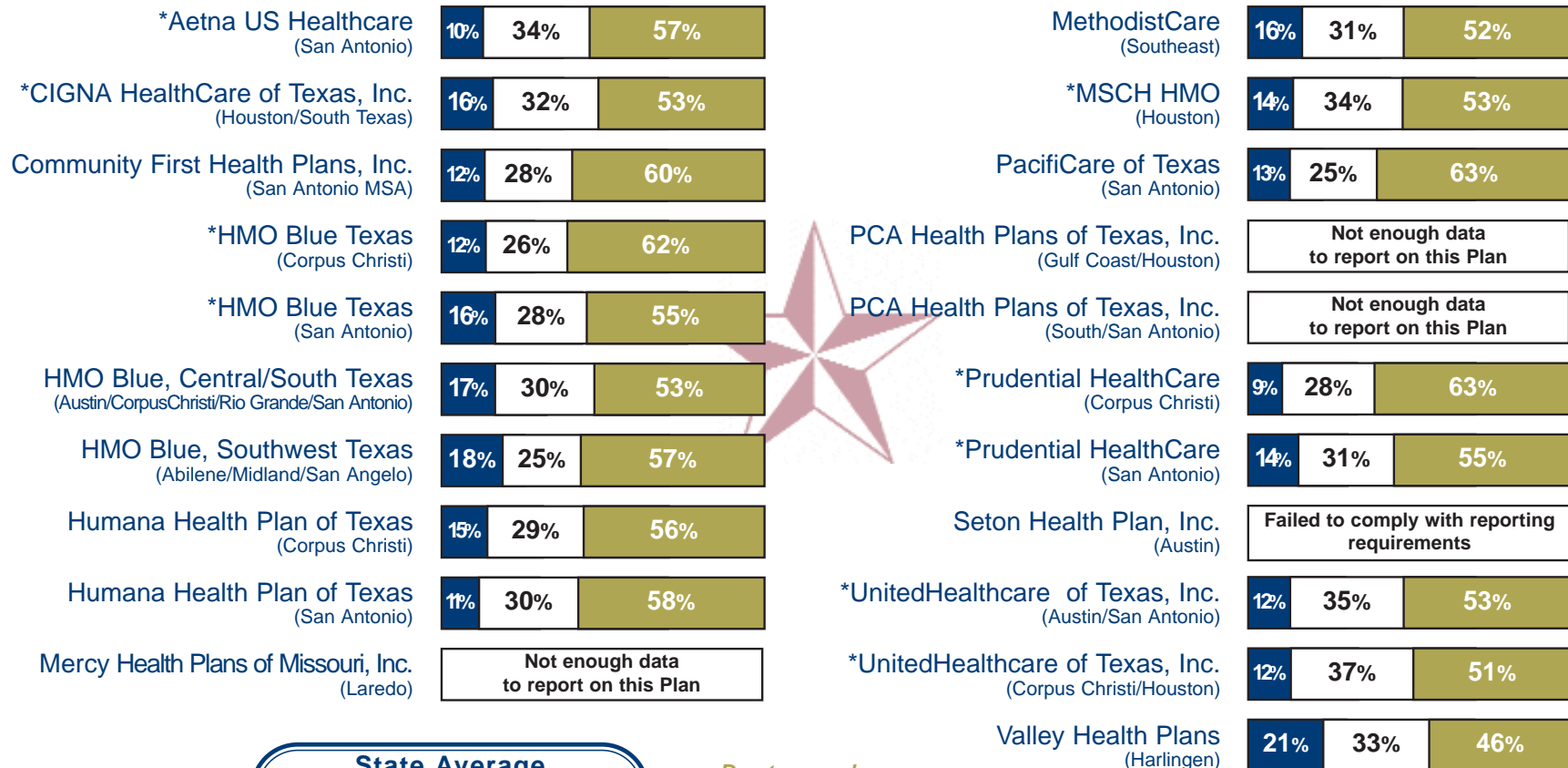


The bar graphs show answers to a survey question that asked people to rate their specialist on a scale from:

0 = "worst specialist possible"

to

10 = "best specialist possible"



Due to rounding, percentages may not add to 100%.

* Includes HMO & POS products.
(see page 5 for explanation)

Getting care that is needed

Percentage who said they had
BIG problems
getting care they needed

Percentage who said they had
SMALL problems
getting care they needed

Percentage who said they had
NO problems
getting care they needed



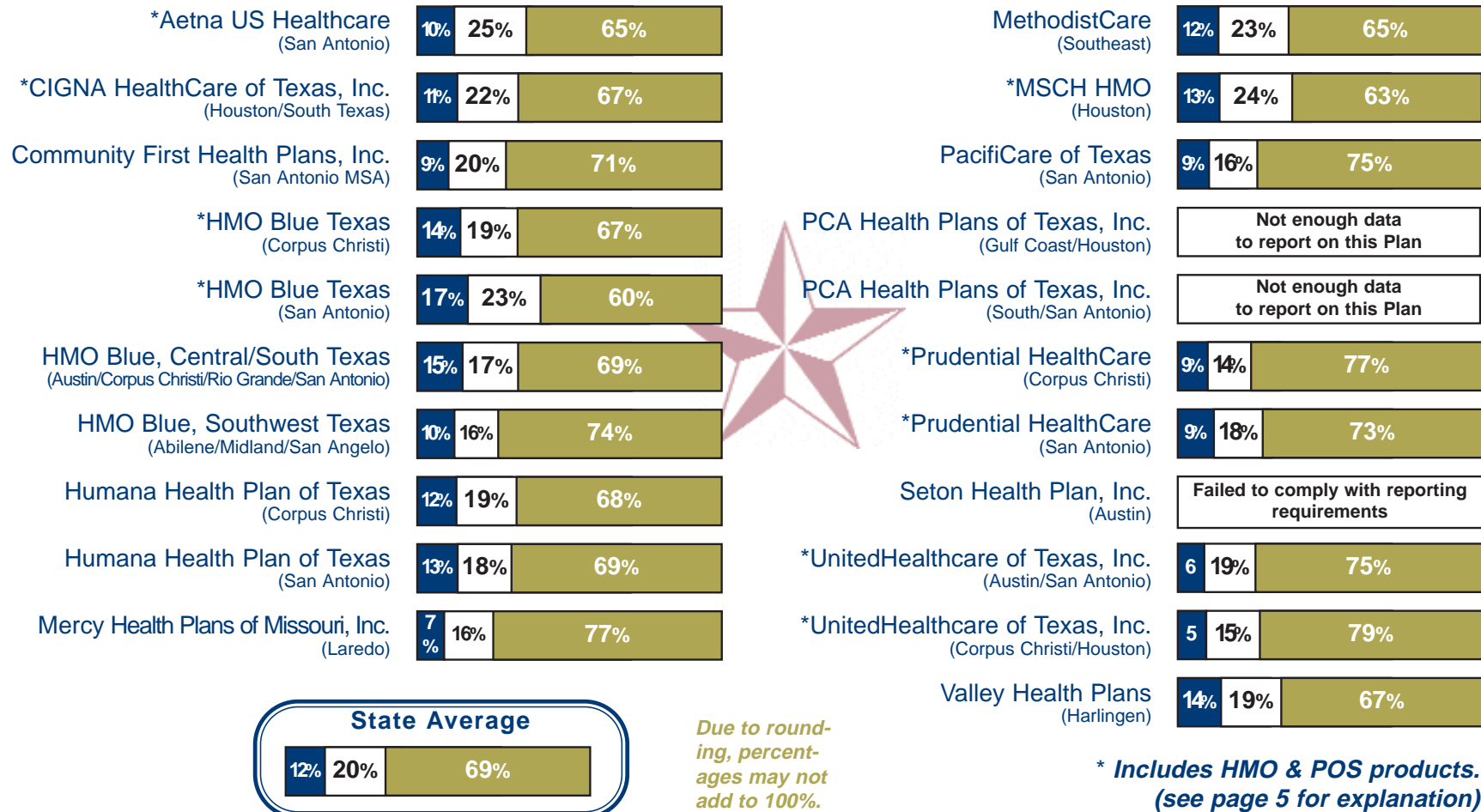
The bar graphs show answers to survey questions that asked people **how much of a problem** it was to:

Find a personal doctor or nurse.

Get a referral to a specialist that they wanted to see.

Get the care they and their doctor believed necessary.

Get care approved by the health plan without delays.



Getting care without long waits

Percentage who said they
sometimes or never
got care without long waits

Percentage who said they
usually
got care without long waits

Percentage who said they
always
got care without long waits

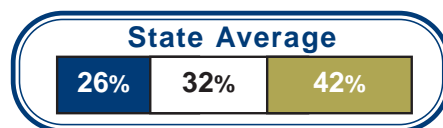
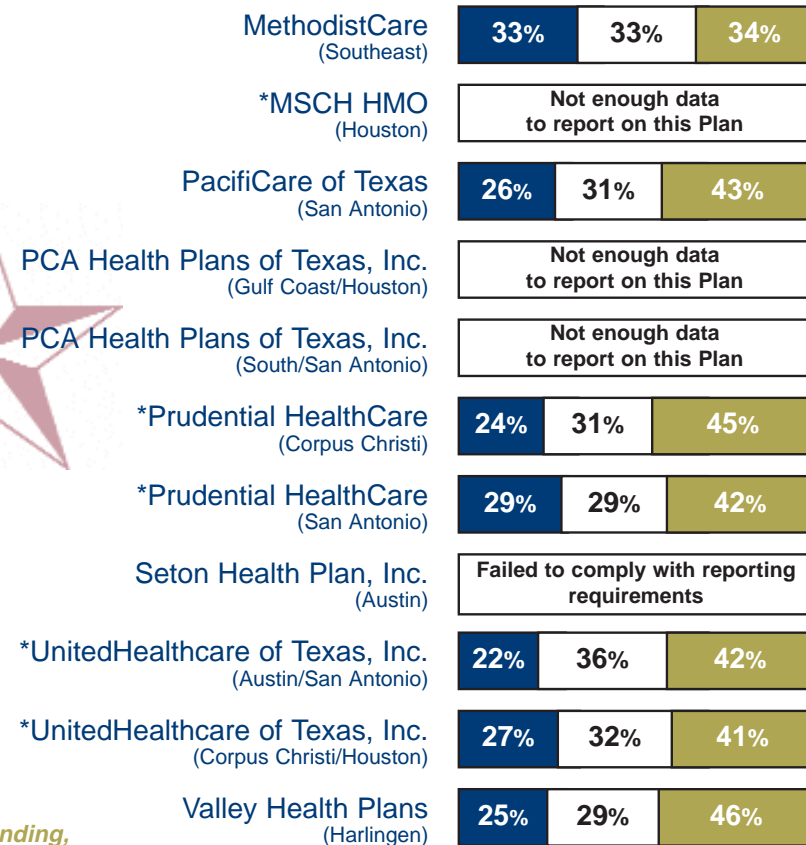
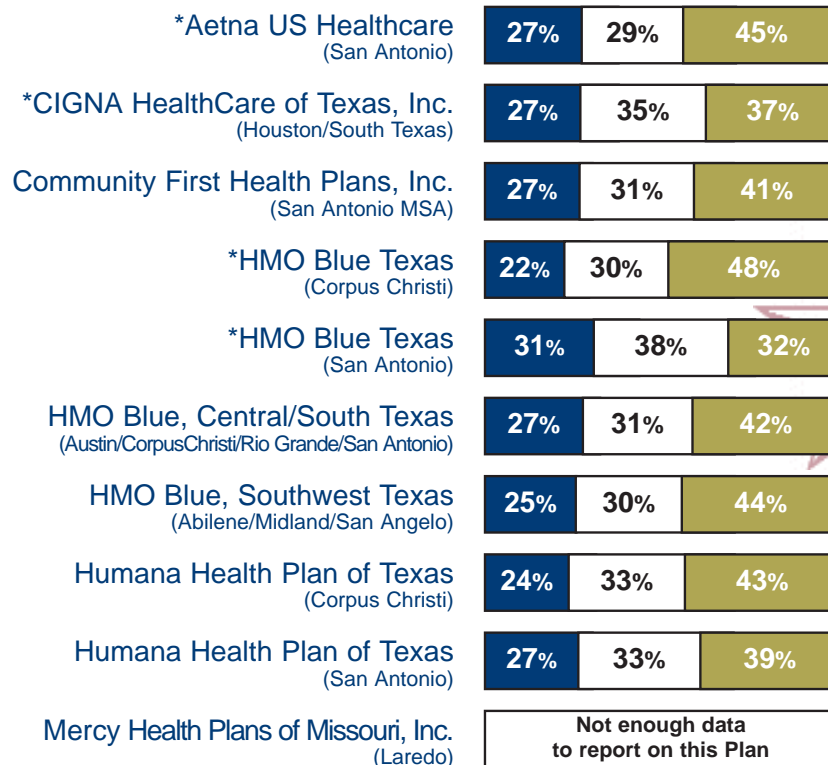


The bar graphs show answers to survey questions that asked people **how often** they:

Got the help or advice they needed when they called the doctor's office during regular office hours.
Got treatment as soon as they wanted when they were sick or injured.

Waited only 15 minutes or less past their appointment time to see the person they went to see.

Got an appointment as soon as they wanted for regular or routine health care.



Due to rounding, percentages may not add to 100%.

** Includes HMO & POS products. (see page 5 for explanation)*

Handling of claims quickly and correctly

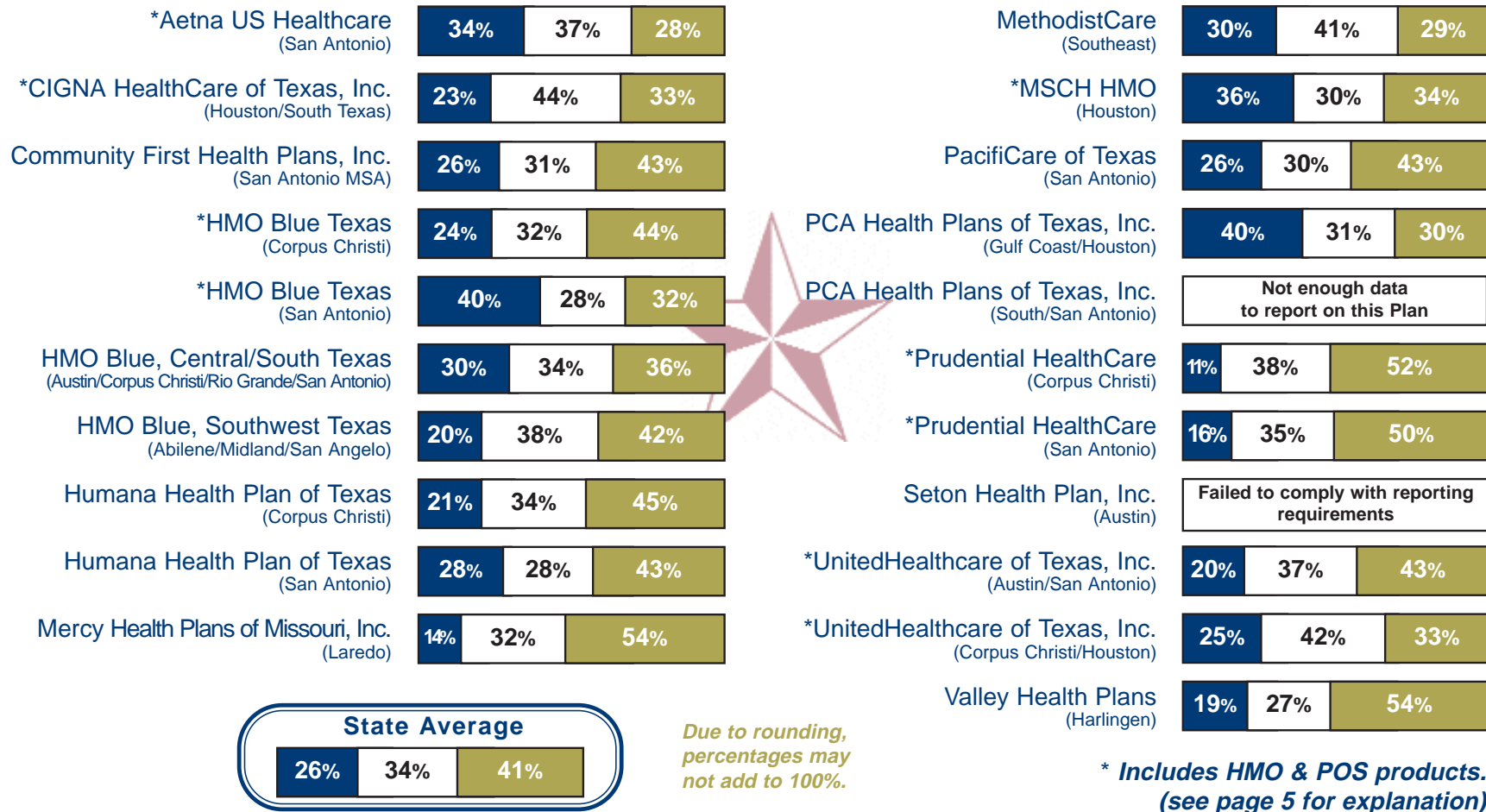
Percentage who said their plan
sometimes or never
handled claims quickly and
correctly

Percentage who said their plan
usually
handled claims quickly and correctly

Percentage who said their plan
always
handled claims quickly and correctly



The bar graphs show answers to survey questions that asked people **how often** their health plan:
Handled claims in a reasonable time. Handled claims correctly.



Efficiency and helpfulness of customer service

Percentage who said they had
BIG problems
with customer service

Percentage who said they had
SMALL problems
with customer service

Percentage who said they had
NO problems
with customer service

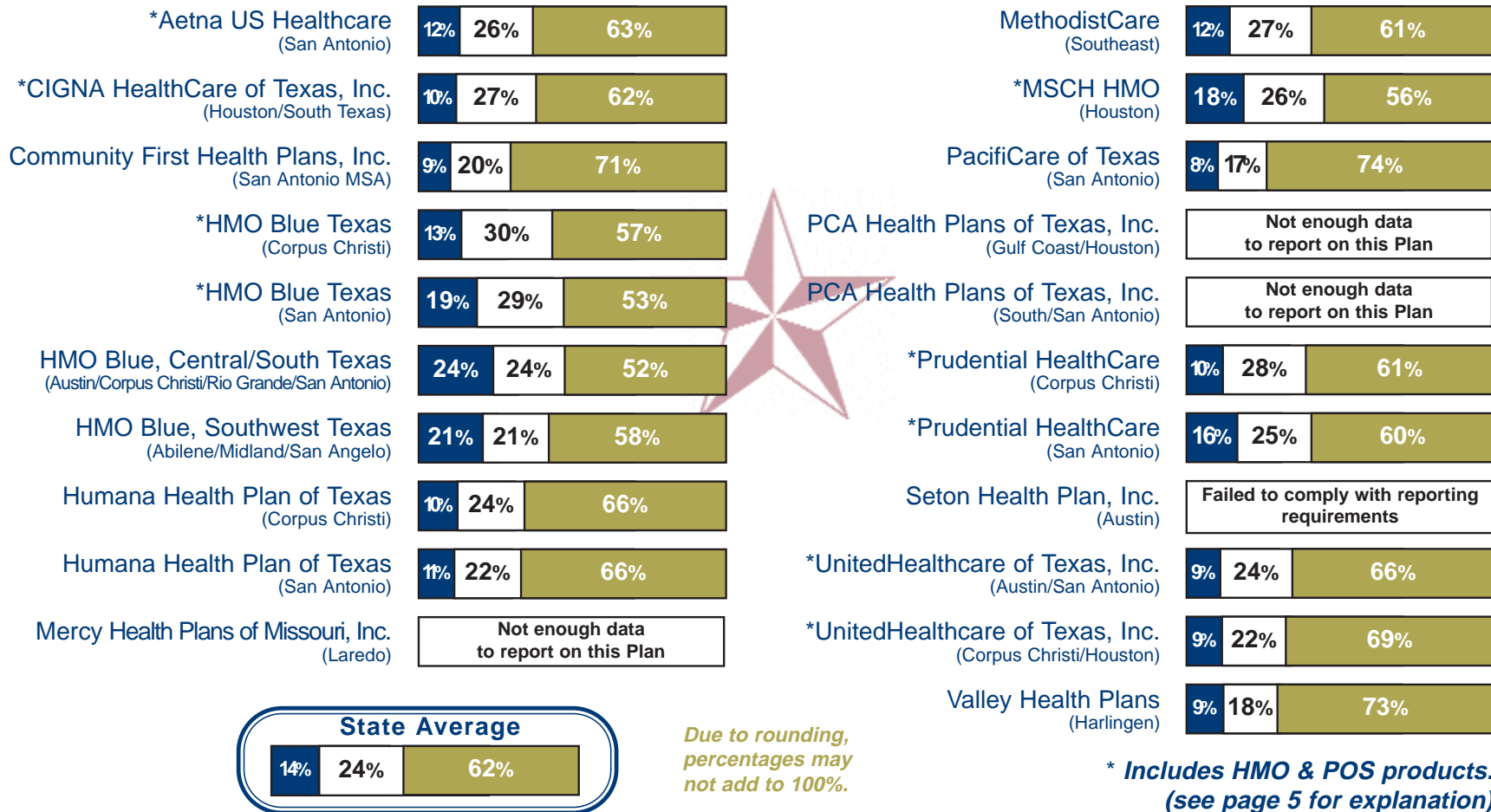


The bar graphs show answers to survey questions that asked people **how much of a problem** it was to:

Get the help they needed when they called the health plan's customer service.

Find or understand information in the written materials from their health plan.

Deal with paperwork.



How well doctors communicate

Percentage who said their doctors
sometimes or never
communicated well

Percentage who said their doctors
usually
communicated well

Percentage who said their doctors
always
communicated well



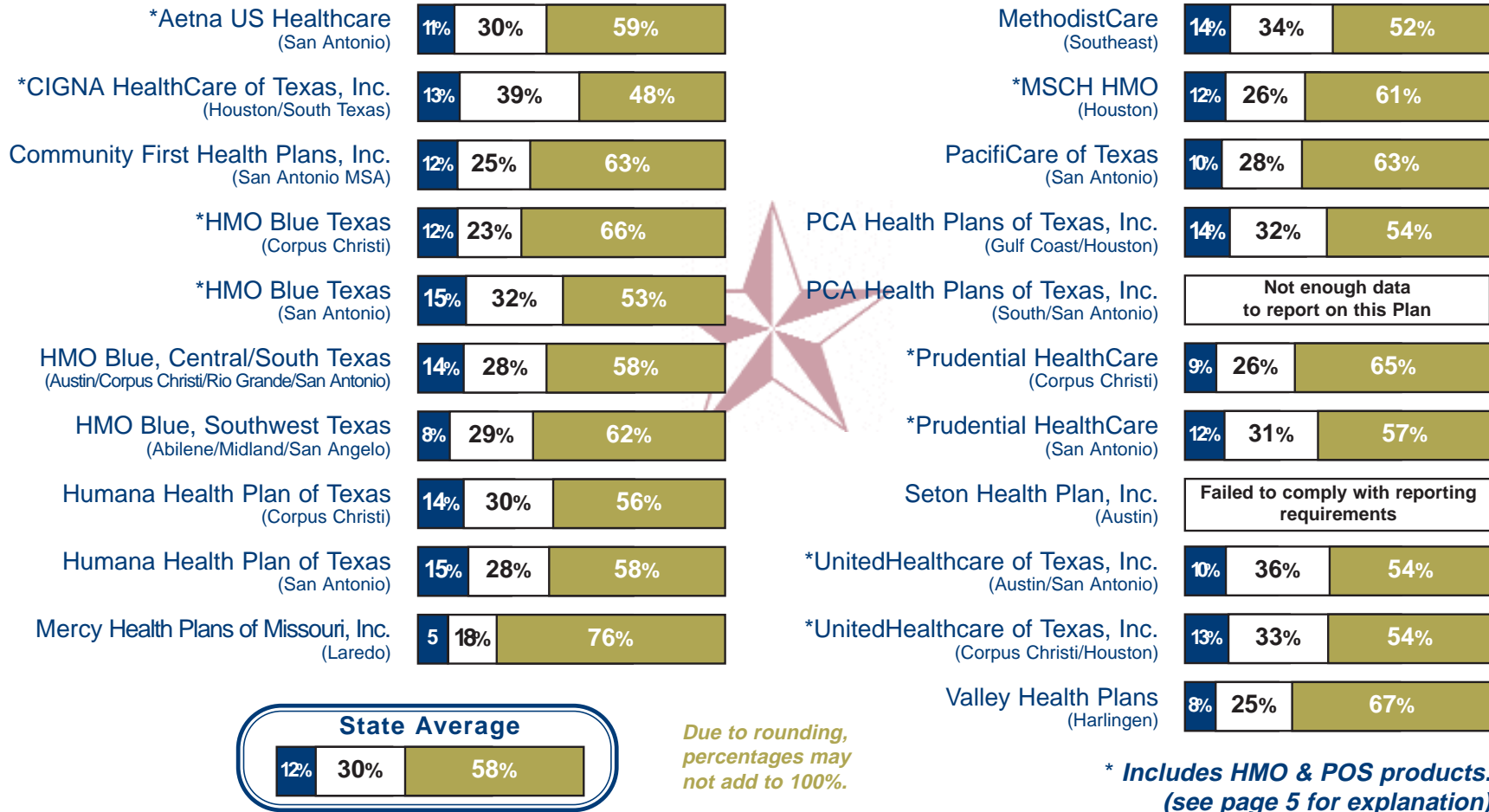
The bar graphs show answers to survey questions that asked people
how often their doctor or other health provider:

Listened carefully to them.

Explained things in a way they could understand.

Showed respect for what they had to say.

Spent enough time with them.



Courtesy, respect and helpfulness of office staff

Percentage who said office staff were
sometimes or never
courteous, respectful, and helpful

Percentage who said office staff were
sometimes or never
courteous, respectful, and helpful

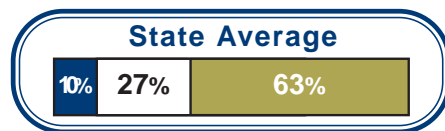
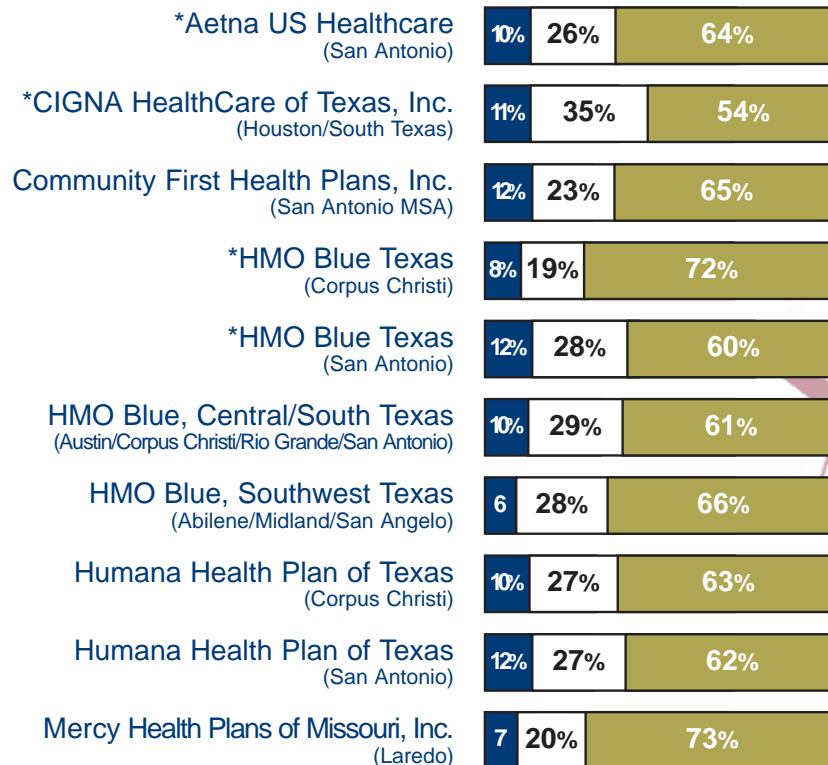
Percentage who said office staff were
sometimes or never
courteous, respectful, and helpful



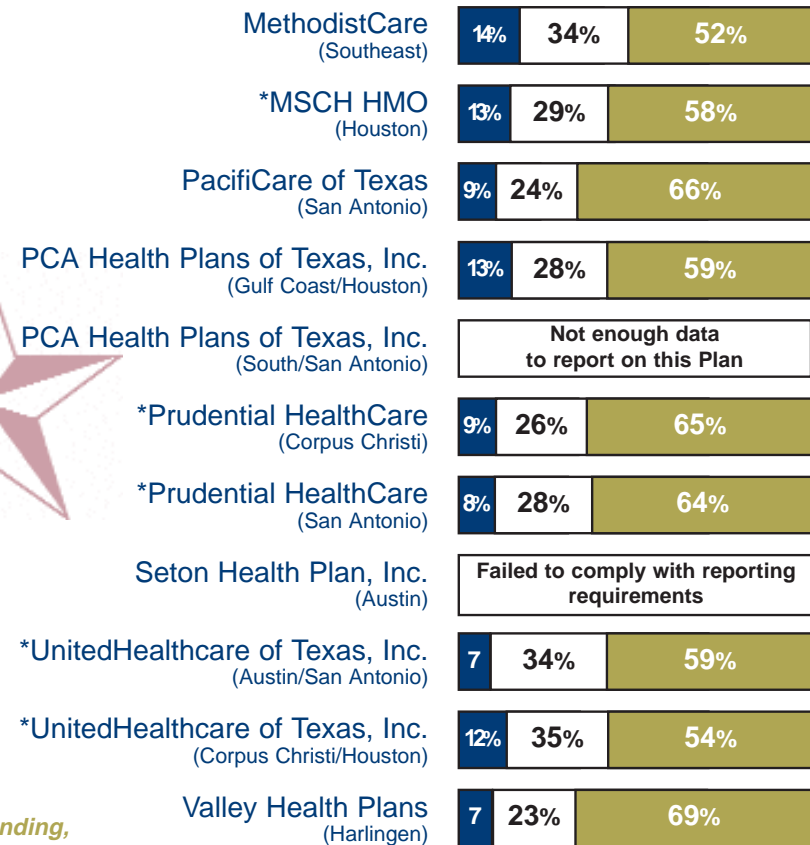
The bar graphs show answers to survey questions that asked people
how often the office staff at their doctor's office:

Treated them with courtesy and respect.

Were as helpful as they should be.



*Due to rounding,
percentages may
not add to 100%.*



** Includes HMO & POS products.
(see page 5 for explanation)*

Response rate for all plans in the survey

response rate = (completed surveys / [total sample - ineligible])

State Average = 45 %

Aetna US Healthcare (Houston)	46%	Humana Health Plan of Texas (Houston)	54 %
Aetna US Healthcare (San Antonio)	43%	Humana Health Plan of Texas (San Antonio)	57 %
Aetna US Healthcare of North Texas (Dallas/Ft Worth)	48%	Mercy Health Plans of Missouri, Inc. (Laredo)	32 %
AmeriHealth of Texas, Inc. (Houston)	19%	MethodistCare (Southeast)	44 %
Amil International (Austin)	43%	MSCH HMO (Houston)	39 %
CIGNA HealthCare of Texas, Inc. (Dallas/North Texas)	54%	ONE Health Plan of Texas, Inc. (Dallas)	27 %
CIGNA HealthCare of Texas, Inc. (Houston/South Texas)	52%	ONE Health Plan of Texas, Inc. (Houston)	29 %
Community First Health Plans, Inc. (San Antonio MSA)	36%	PacifiCare of Texas (Dallas)	48 %
Community Health Choice, Inc. (Houston)	43%	PacifiCare of Texas (Houston)	48 %
Exclusive Healthcare, Inc. (Dallas)	FTC	PacifiCare of Texas (San Antonio)	57 %
FIRSTCARE Southwest Health Alliances (Abilene)	56%	Parkland Community Health Plan (Northeast)	40 %
FIRSTCARE Southwest Health Alliances (Amarillo)	59%	PCA Health Plans of Texas, Inc. (Central/Austin)	52 %
FIRSTCARE Southwest Health Alliances (Lubbock)	57%	PCA Health Plans of Texas, Inc. (Gulf Coast/Houston)	43 %
FIRSTCARE Southwest Health Alliances (Waco)	54%	PCA Health Plans of Texas, Inc. (North/Dallas)	42 %
Harris Methodist Health Plan (Dallas)	37%	PCA Health Plans of Texas, Inc. (South/San Antonio)	47 %
HealthPlan of Texas, dba Heritage Health Plan (Tyler)	42%	Presbyterian Health Plan of El Paso (El Paso)	44 %
HMO Blue Texas (Austin)	49%	Prudential HealthCare (Austin)	46 %
HMO Blue Texas (Beaumont/Lufkin)	51%	Prudential HealthCare (Corpus Christi)	44 %
HMO Blue Texas (Corpus Christi)	50%	Prudential HealthCare (El Paso)	47 %
HMO Blue Texas (Dallas)	43%	Prudential HealthCare (Houston)	40 %
HMO Blue Texas (Houston)	47%	Prudential HealthCare (North Texas)	46 %
HMO Blue Texas (San Antonio)	40%	Prudential HealthCare (San Antonio)	41 %
HMO Blue, Central/South Texas (Austin/Corpus Christi/Rio Grande/San Antonio)	42%	Scott and White Health Plan (Central Texas)	62 %
HMO Blue, El Paso (El Paso)	38%	Seton Health Plan, Inc. (Austin)	FTC
HMO Blue, Northeast Texas (Dallas/Ft Worth/Tyler)	38%	Texas Health Choice (Dallas)	46 %
HMO Blue, Southeast Texas (Houston)	40%	Texas Health Choice (Houston)	37 %
HMO Blue, Southwest Texas (Abilene/Midland/San Angelo)	50%	UnitedHealthcare of Texas, Inc. (Austin/San Antonio)	41 %
HMO Blue, West Texas (Panhandle)	48%	UnitedHealthcare of Texas, Inc. (Corpus Christi/Houston)	41 %
Humana Health Plan of Texas (Austin)	60%	UnitedHealthcare of Texas, Inc. (Dallas)	37 %
Humana Health Plan of Texas (Corpus Christi)	57%	Valley Health Plans (Harlingen)	43 %
Humana Health Plan of Texas (Dallas)	53%		

FTC = Failed to comply with reporting requirements



Complaint Data

The following section contains state-wide information as collected by the Texas Department of Insurance.

Complaint data

The following tables and charts provide information about the number of complaints against HMOs registered by medical providers, patients and others with the Texas Department of Insurance (TDI) from July 1, 1999 through June 30, 2000. All closed complaints against HMOs are reported regardless of their disposition by TDI. The Office of Public Insurance Counsel (OPIC) does not audit or otherwise attempt to verify the accuracy of this data. It is important to note that the complaint data posted on the TDI web site is a snapshot. As additional complaints are closed, they are added back to the calendar quarter in which they were received. As a result, the more recent quarterly complaint databases tend to change over time as complaints are closed. This may create difficulties for outside parties attempting to replicate the statistics used in this report.

During the 2000 report period (July 1999 through June 2000), annual complaints per HMO member increased about 14%. Since the last report card, TDI increased the number of complaint categories. This had the effect of increasing the average number of aspects related to a complaint in the database. This classification change may distort the trend and possibly overstate the level of increase in total complaints per member over this report period. Absent further changes to the content of the TDI complaint database, this should not be a problem going forward.

The following table lists the most common reasons for complaint by percent of

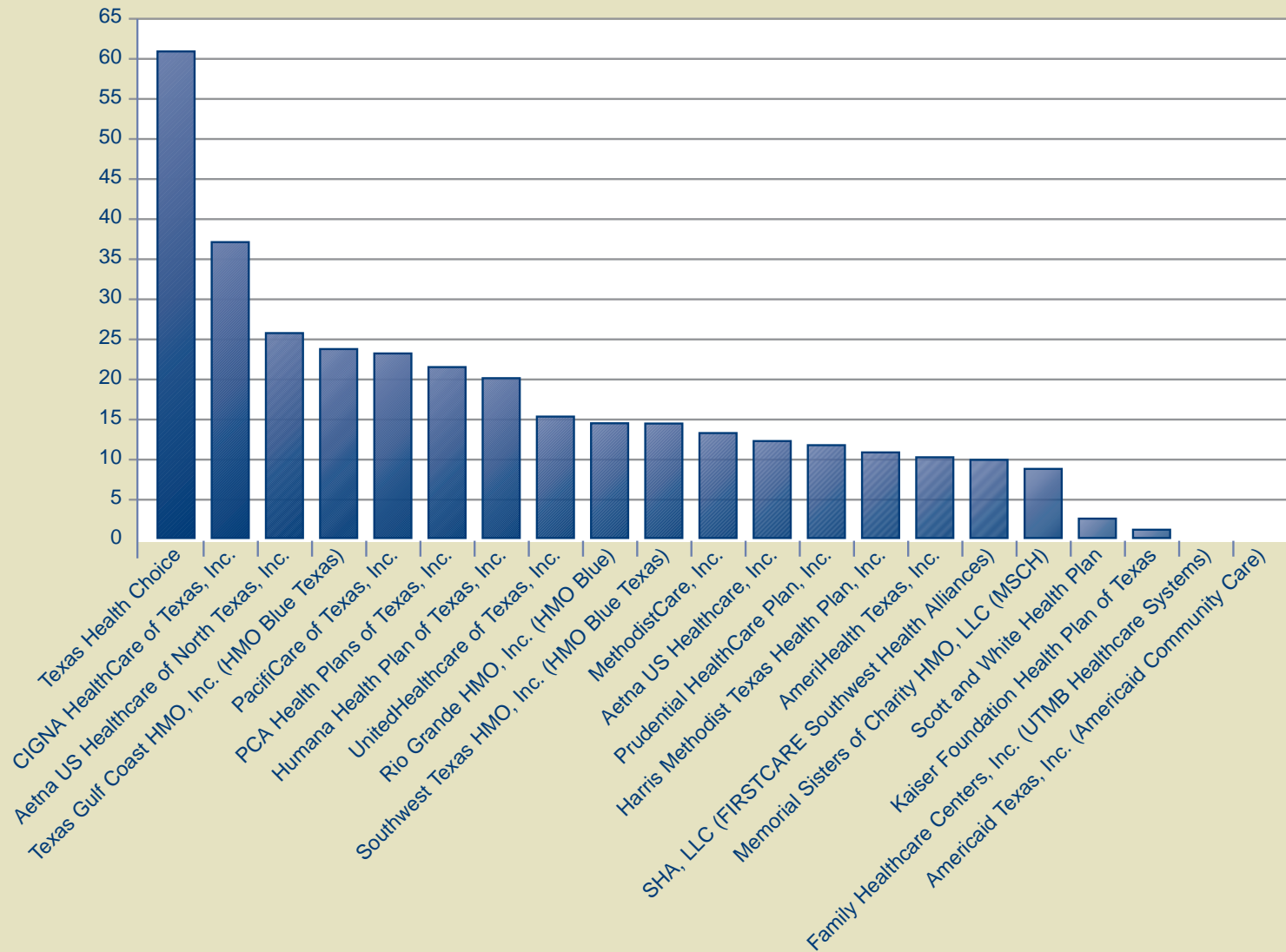
Reason for Complaint	%
Claims handling delays	27%
Denial of claim or nonpayment (patient or provider complaint related to denial of coverage for health care service)	20%
Balance billing (inappropriate billing of the patient for charges the HMO is expected to pay)	10%
Unsatisfactory settlement offer (often relates to health care providers dissatisfied with HMO compensation for services)	8%
Access to care (usually related to HMO gatekeeping functions or internal bureaucracy)	7%

Source: Texas Department of Insurance
July 1, 1999 - June 30, 2000

Although comparative statistics are reported in the Total Complaint Data tables for nearly all plans for which data was available, comparisons among plans with smaller enrollment may be difficult. This is due to the extreme variation in complaint ratios among these plans.

Patient* Complaints Per 10,000 Enrollees

Plans With **More** than 50,000 Enrollees



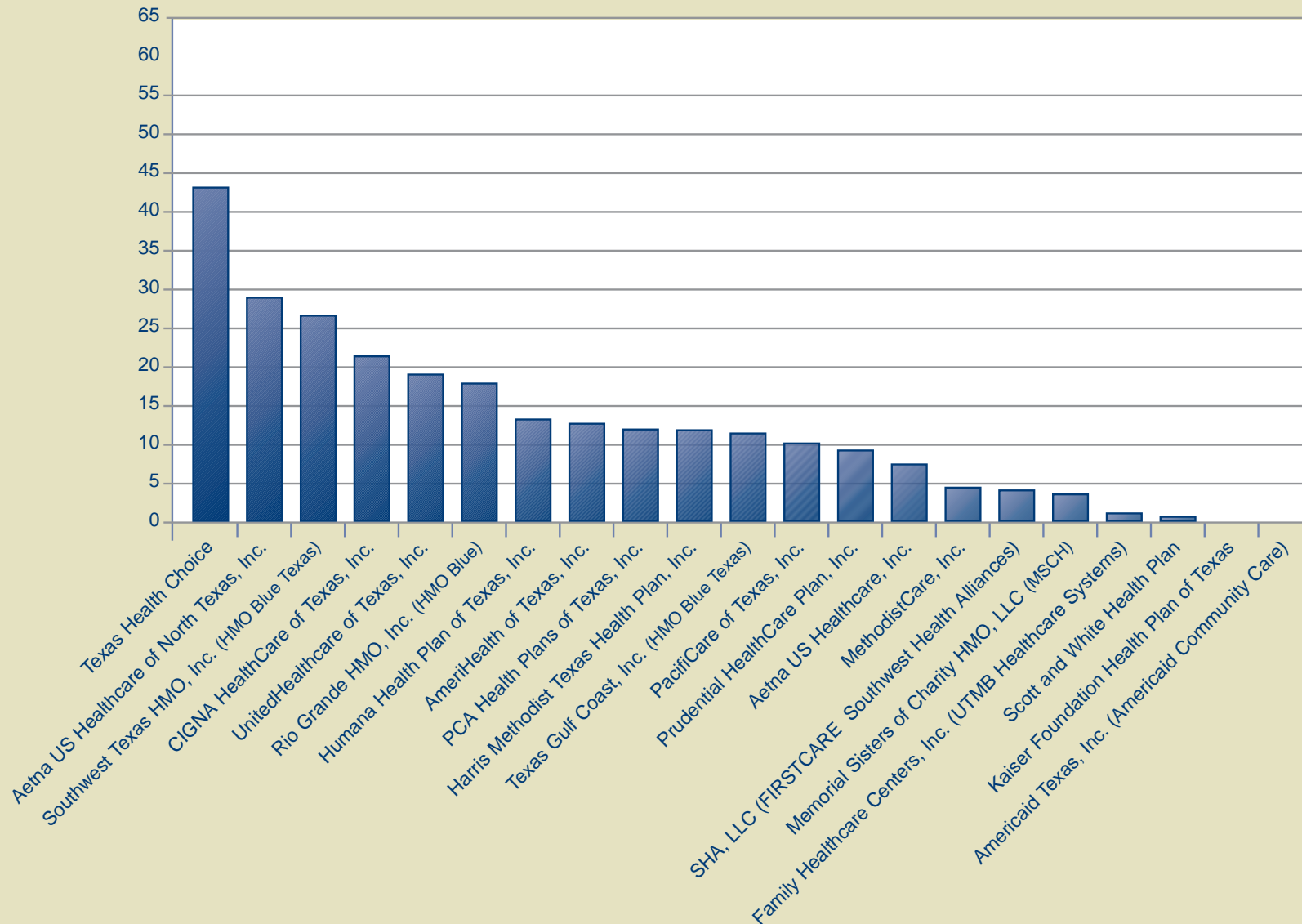
Source: Texas Department of Insurance
July 1, 1999 - June 30, 2000

* Includes complaints filed on behalf of patient by others.

Comparing Texas HMOs 2000 - South Texas

Health Care Provider* Complaints Per 10,000 Enrollees

HMOs With **More** than 50,000 Enrollees

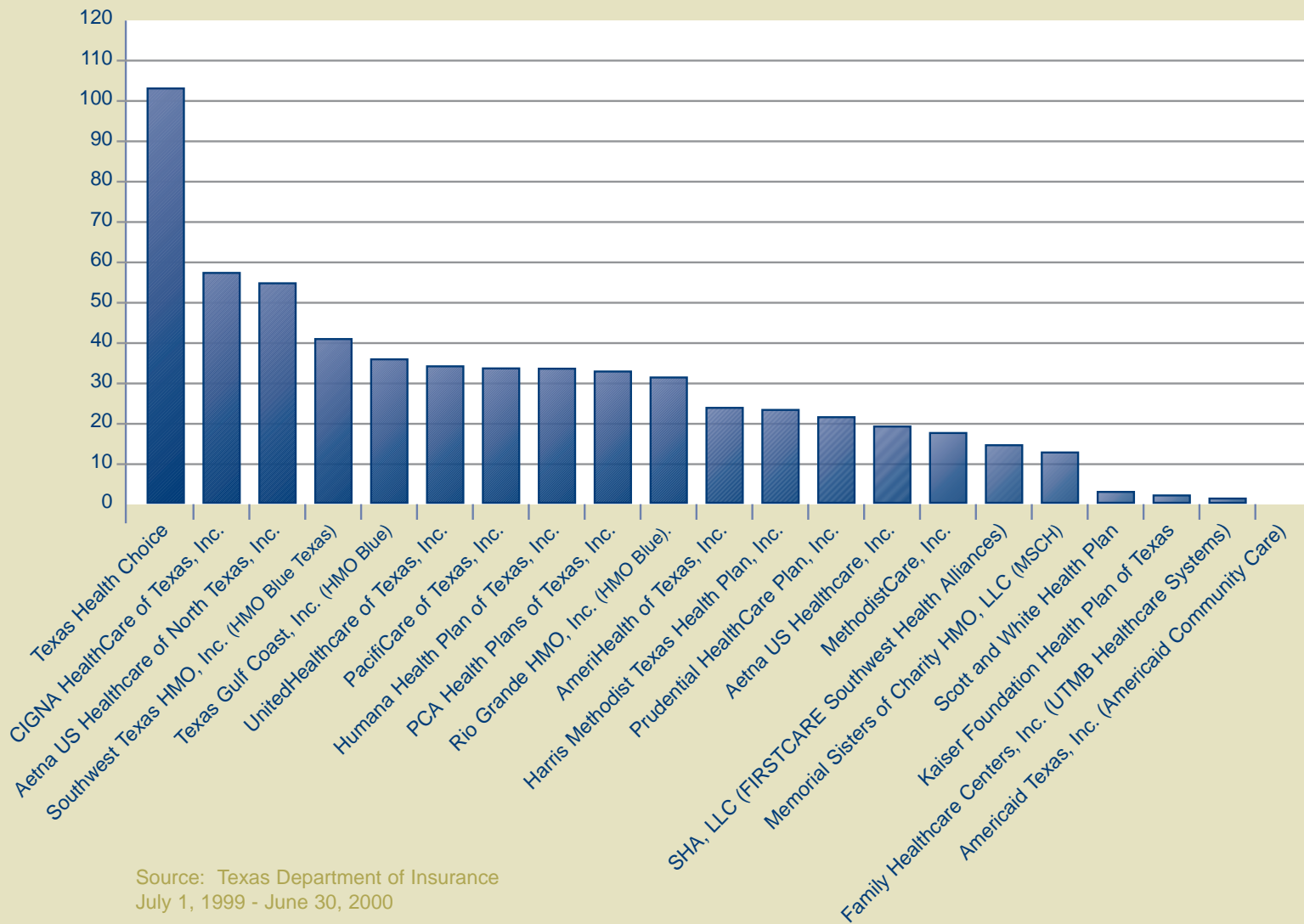


Source: Texas Department of Insurance
July 1, 1999 - June 30, 2000

* Includes doctors, hospitals and other health care providers.

Combined (Patient/Provider) Complaints Per 10,000 Enrollees

Plans With **More** than 50,000 Enrollees



Source: Texas Department of Insurance
July 1, 1999 - June 30, 2000

Total Complaint Data

July 1, 1999- June 30, 2000

Basic Service HMOs With Enrollment **Above** 50,000

	Ending Enrollment Dec 31, 1999	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Aetna US Healthcare of North Texas, Inc.	137,761	404	357	761	29.33	25.91	55.24
Aetna US Healthcare, Inc.	181,765	140	230	370	7.70	12.65	20.36
Americaid Texas, Inc.	106,693	-	-	-	-	-	-
AmeriHealth of Texas, Inc.	51,301	65	54	119	12.67	10.53	23.20
CIGNA HealthCare of Texas, Inc.	92,182	193	341	534	20.94	36.99	57.93
Family Health Centers, Inc.	54,552	3	-	3	0.55	-	0.55
Harris Methodist Texas Health Plan, Inc.	294,171	355	326	681	12.07	11.08	23.15
Humana Health Plans of Texas, Inc.	275,290	369	555	924	13.40	20.16	33.56
Kaiser Foundation Health Plan of Texas	112,024	-	11	11	-	0.98	0.98
Memorial Sisters of Charity HMO, L.L.C. (MSCH HMO)	96,843	37	90	127	3.82	9.29	13.11
Methodist Care, Inc.	60,314	27	82	109	4.48	13.60	18.07
PacifiCare of Texas, Inc.	176,741	186	419	605	10.52	23.71	34.23
PCA Health Plans of Texas, Inc. ¹	79,741	97	169	266	12.16	21.19	33.36
Prudential HealthCare Plan, Inc.	529,234	508	656	1,164	9.60	12.40	21.99
Rio Grande HMO, Inc. (HMO Blue, Central, El Paso, NE, S, SE TX)	173,775	308	256	564	17.72	14.73	32.46
Scott and White Health Plan	153,367	2	36	38	0.13	2.35	2.48
SHA, L.L.C. (FIRSTCARE)	97,764	41	100	141	4.19	10.23	14.42
Southwest Texas HMO, Inc. (HMO Blue Texas) ²	205,204	537	301	838	26.17	14.67	40.8
Texas Gulf Coast HMO, Inc. (HMO Blue Texas) ³	402,977	478	964	1,442	11.86	23.92	35.78
Texas Health Choice	125,455	536	763	1,299	42.72	60.82	103.54
UnitedHealthcare of Texas, Inc.	299,816	582	458	1,040	19.41	15.28	34.69
TOTAL / AVERAGE ⁴ BASIC SERVICE (Plans > 50,000 Enrollment)	3,706,970	4,868	6,168	11,036	11.41	14.72	26.13

Footnotes

- 1 PCA Health Plans of Texas, Inc. was acquired by Humana Health Plans of Texas, Inc.
- 2 Formerly NYLCare Health Plans of the Southwest, Inc.
- 3 Formerly NYLCare Health Plans of the Gulf Coast, Inc.
- 4 Average complaint ratios for plans with enrollment greater than 50,000 are calculated excluding the high and low value in each column.

Additional Explanatory Notes

- 1) Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H.
- 2) Multiple complaint issues recorded under a single complaint ID are counted as multiple complaints. This differs from TDI's method; therefore complaint counts in this exhibit will not reconcile to TDI's compilations, which are also publicly available.

Total Complaint Data

July 1, 1999 - June 30, 2000
Basic Service HMOs With Enrollment **Below** 50,000

	Ending Enrollment Dec 31,1999	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Amcare Health Plans of Texas, Inc. ¹	6,702	11	119	130	16.41	117.56	193.97
AmeriHealth HMO of Texas, Inc. ²	45,124	23	10	33	5.10	2.22	7.31
Amil International (Texas), Inc.	12,485	18	14	32	14.42	11.21	25.63
Community First Health Plans, Inc.	31,765	2	6	8	0.63	1.89	2.52
Community Health Choice, Inc.	19,866	45	45	90	22.65	22.65	45.30
Cook Children's Health Plan	552	-	-	-	-	-	-
Healthcare Partners Plans, L.C. ³	15,049	-	-	-	-	-	-
HealthFirst HMO, Inc.	16,517	4	19	3	2.42	11.50	13.93
HealthPlan of Texas, Inc.	11,968	11	-	11	9.19	-	9.19
Healthsource North Texas, Inc. ⁴	8,680	7	3	10	8.06	3.46	11.52
Mercy Health Plans of Missouri, Inc.	7,698	2	-	2	2.60	-	2.60
MetroWest Health Plan, Inc.	2,815	-	1	1	-	3.55	3.55
Mid-Con Health Plans, Inc. (HMO Blue) ⁵	19,256	1	2	3	0.52	1.04	1.56
ONE Health Plan, Inc.	37,401	34	36	70	9.09	9.63	18.72
Parkland Community Health Plan, Inc.	35,375	-	1	1	-	0.28	0.28
Physicians Care HMO, Inc.	214	-	-	-	-	-	-
Presbyterian Health Plan, Inc.	14,123	3	13	16	2.12	9.20	11.33
Seton Health Plan, Inc.	10,757	2	19	21	1.86	17.66	19.52
Superior Healthplan, Inc.	3,469	-	-	-	-	-	-
Texas Children's Health Plan, Inc.	19,012	-	-	-	-	-	-
Texas Universities Health Plans, Inc.	1,824	10	2	12	54.82	10.96	65.79
Unicare of Texas Health Plans, Inc.	238	2	8	10	84.03	336.13	420.17
Universal Healthplan, Inc.	218	-	-	-	-	-	-
Valley Health Plan, Inc.	7,264	1	-	1	1.38	-	1.38
Vista Health Plan, Inc.	12,567	-	-	-	-	-	-
Wellcare Health Plans of Texas ⁶	5,365	145	329	474	270.27	613.23	883.50
West Texas Health Plans, L.C. (HMO Blue, West Texas)	18,942	8	14	14	4.22	3.17	7.39
TOTAL / MEDIAN BASIC SERVICE ⁷	365,246	329	633	962	2.12	2.22	7.31

Complaint Data

Footnotes

- ¹ Formerly Foundation Health, A Texas Health Plan
- ² AmeriHealth HMO of Texas Inc. merged with AmeriHealth of Texas, Inc.
- ³ Healthcare Partners Plan, L.C. merged into HealthFirst HMO, Inc.
- ⁴ Healthsource North Texas, Inc. merged with Cigna HealthCare of Texas, Inc.

- ⁵ Mid-Con Health Plans, Inc. merged into Rio Grande HMO, Inc.
- ⁶ Wellcare Health Plans of Texas formerly was Certus Healthcare, L.L.C.
- ⁷ Overall complaint ratios for plans are based on the median due to the high level of variability among plans.

Appeals and Complaints

Independent Review Organization (IRO) Appeals September 1, 1999 to August 31, 2000

If your health plan refuses to pay for health care that you or your physician thinks is necessary or appropriate, you have the right to file an appeal with an **Independent Review Organization (IRO)**. If your condition is life-threatening you may go directly to the IRO without using the HMO's internal appeals process. Health plans are required to pay for the IRO and comply with its decisions.

Please contact the TDI's **IRO information line** at (888) 834-2476 for more information about independent review. In Austin call 322-3400.

You may be able to take legal action against an HMO if you have been harmed by its health care treatment decisions.

You may also file a complaint against the HMO with the Texas Department of Insurance (TDI). Complaints against health care providers should also be directed to the appropriate licensing or enforcement agency.

For information on filing complaints and other patient's rights, contact the TDI's **Consumer Help Line** at (800) 252-3439. In Austin, call 463-6500.

Exception:

Some employer-sponsored health benefit plans are not subject to most state insurance laws because of a federal law called the Employee Retirement Income Security Act of 1974 (ERISA). However, Texas law now includes a **voluntary** independent review mechanism for ERISA plans. ERISA plans that agree to participate in the IRO process must comply with decisions made by the IRO.

	Cases	Cases Decided in Favor of HMO	Cases Decided in Favor of Patient/Enrollee	Cases Decided Partially in Favor of Both	Pending Cases
Aetna US Healthcare	20	7	8	4	1
AmeriHealth HMO of North Texas	2	1	1	0	0
AmeriHealth of Texas	12	4	6	2	0
CIGNA HealthCare of Texas, Inc.	3	2	1	0	0
Community First Health Plans, Inc.	1	0	1	0	0
FIRSTCARE Southwest Health Alliances (SHA, LLC)	5	2	3	0	0
Harris Methodist Health Plan	70	37	31	2	0
HealthFirst HMO	2	1	1	0	0
Heritage Health Plan (HealthPlan of Texas, Inc.)	1	0	0	1	0
HMO Blue	9	5	2	2	0
Humana/PCA Health Plans of Texas	12	9	2	0	1
MSCH (Memorial Sisters of Charity)	1	1	0	0	0
NYLCare Health Plans of the Gulf Coast, Inc.	10	7	2	1	0
NYLCare Health Plans of the Southwest, Inc.	1	1	0	0	0
ONE Health Plan of Texas, Inc.	3	1	2	0	0
PacifiCare of Texas	3	2	0	0	1
Prudential HealthCare	40	19	16	2	3
Scott and White Health Plan	2	1	0	1	0
Texas Health Choice	2	2	0	0	0
UnitedHealthcare of Texas, Inc.	20	13	4	0	3
TOTAL	219	115	80	15	9

Source: TDI IRO Database as furnished 9/18/00 where
"Payor Classification" = "HMO"
"Date Request Received by TDI" = > 8/31/99 and < 9/1/00

Staff at the Texas Department of Insurance can help determine if you are in an ERISA plan when they review your complaint. You can also request information from and file complaints with the United States Department of Labor (see page 32).



HMO Market Share

Customer Service Phone Numbers

Sources of Financial Information

Other Sources of Information

The following section contains state-wide information as collected by the
Texas Department of Insurance and other sources.

HMO Market share

Figures are based on
March 2000 total ending
enrollment.

HMO	Service Area	Enrollment	Market Share
Aetna US Healthcare, Inc. (includes Aetna N. TX. and Prudential)	Statewide	839,438	21.36%
Blue Cross Blue Shield of Texas, Inc. (Includes all HMO Blue plans)	Statewide	838,329	21.34%
UnitedHealthcare of Texas, Inc.	Statewide	323,387	8.23%
Humana Health Plan of Texas, Inc.	Statewide	320,932	8.17%
Harris Methodist Texas Health Plan, Inc.	Dallas	247,987	6.31%
PacifiCare of Texas, Inc.	Statewide	192,611	4.90%
Scott and White Health Plan	Central TX	147,713	3.76%
CIGNA HealthCare of Texas, Inc.	Statewide	118,925	3.03%
Texas Health Choice	Statewide	117,712	3.00%
Americaid Texas, Inc.	Statewide	111,645	2.84%
Memorial Sisters of Charity HMO, L.L.C. (MSCH HMO)	Houston	98,864	2.52%
SHA, L.L.C. (FIRSTCARE)	Statewide	91,823	2.34%
MethodistCare, Inc.	Houston/SE TX	81,872	2.08%
Family Health Centers, Inc. (UTMB)	Galveston	54,925	1.40%
AmeriHealth of Texas, Inc.	Statewide	46,686	1.19%
ONE Health Plan of Texas, Inc.	Statewide	45,477	1.16%
Parkland Community Health Plan, Inc.	Northeast TX	38,280	0.97%
Community First Health Plans, Inc.	San Antonio	36,088	0.92%
Superior Healthplan, Inc.	Austin	27,986	0.71%
Texas Children's Health Plan, Inc.	Houston	22,407	0.57%
Community Health Choice, Inc.	Houston	19,353	0.49%
Vista Health Plan, Inc.	Austin	15,637	0.40%
Seton Health Plan, Inc.	Austin	15,035	0.38%
Presbyterian Health Plan, Inc.	Statewide	14,890	0.38%
HealthPlan of Texas, Inc. dba Heritage Health Plans	Tyler	12,174	0.31%
Amil International (Texas), Inc.	Austin	10,844	0.28%
Mercy Health Plans of Missouri, Inc.	Statewide	8,551	0.22%
Valley Health Plan, Inc.	Harlingen	7,753	0.20%
HealthFirst HMO, Inc.	Tyler	6,980	0.18%
Amcare Health Plans of Texas, Inc. (formerly Foundation Health)	Statewide	6,434	0.16%
MetroWest Health Plan, Inc.	Dallas/Ft. Worth	3,067	0.08%
Wellcare Health Plans of Texas (formerly Certus Healthcare)	Corpus Christi	2,454	0.06%
Texas Universities Health Plan, Inc.	Statewide	1,900	0.05%
Cook Children's Health Plan	Dallas	588	0.01%
Universal Healthplan, Inc.	Houston	175	0.00%
Physicians Care HMO, Inc.	Dallas	142	0.00%
TOTAL BASIC SERVICE		3,929,064	100%

Source:
TDI Texas Data HMO Report:
Basic Service First Quarter 2000

Customer service phone numbers

		Mercy Health Plans of Missouri, Inc.	1-800-617-3433
		MethodistCare	1-800-313-0555
		MetroWest Health Plan, Inc.	1-888-924-8852
Aetna US Healthcare of North Texas	1-800-992-7947	MSCH HMO (Memorial Sisters of Charity HMO, LLC)	1-800-776-2885
Aetna US Healthcare	1-800-992-7948	ONE Health Plan of Texas, Inc.	1-800-866-3136
Amcare Health Plans of Texas, Inc.	1-800-782-8373	PacifiCare of Texas	1-800-825-9355
<i>(formerly Foundation Health, A Texas Health Plan, Inc.)</i>			
Americaid Community Care (Americaid Texas, Inc.)	1-800-600-4441	Parkland Community Health Plan, Inc.	1-888-672-2277
AmeriHealth of Texas, Inc.	1-888-671-5278	PCA Health Plans of Texas, Inc.	Now Humana Health Plan of Texas
Amil International	1-888-349-2645	Physicians Care HMO, Inc.	1-800-860-1385
CIGNA HealthCare of Texas, Inc.	1-800-238-8801	Presbyterian Health Plan of El Paso	1-800-356-2219
Community First Health Plans, Inc.	1-800-434-2347	Principal Health Care of Texas	Now United Healthcare of Texas, Inc.
Community Health Choice, Inc.	1-888-760-2600	Prudential HealthCare	1-800-261-2645
Cook Children's Health Plan	1-800-964-2247	Scott and White Health Plan	1-800-321-7947
Driscoll Children's Health Plan	1-877-324-3627	Seton Health Plan, Inc.	1-800-749-7404
FIRSTCARE Southwest Health Alliances (SHA, LLC)	1-800-365-1051	Superior Healthplan, Inc.	1-512-451-6446
Harris Methodist Texas Health Plan	1-800-825-9355	Texas Children's Health Plan, Inc.	1-800-990-8247
<i>(acquired by PacifiCare of Texas)</i>		Texas Health Choice	1-800-466-8397
HealthFirst HMO	1-800-303-5155	TUHP (Texas Universities Health Plan, Inc.)	1-800-811-0560
Healthsource North Texas, Inc.	Now CIGNA HealthCare of Texas, Inc.		
Heritage Health Plan (HealthPlan of Texas, Inc.)	1-903-531-4447	UnitedHealthcare of Texas, Inc.	1-800-411-1145
HMO Blue Texas (Southwest Texas HMO, Inc.)	1-800-486-3040	Universal Healthplan, Inc.	1-713-847-0910
<i>(formerly NYLCARE Health Plans of the Southwest, Inc.)</i>		UTMB Healthcare Systems (Family Health Centers, Inc.)	1-800-310-7500
HMO Blue Texas (Texas Gulf Coast HMO, Inc.)	1-800-833-5318		
<i>(formerly NYLCARE Health Plans of the Gulf Coast, Inc.)</i>			
HMO Blue, C/DFW/NE/S/SE/SW (Rio Grande HMO, Inc.)	1-800-831-0576	Valley Health Plans	1-956-389-2273
HMO Blue, West Texas (West Texas Health Plans, LC)	1-800-468-2602	Vista Health Plan, Inc.	1-800-852-1040
Humana Health Plan of Texas	1-800-448-6262	Wellcare Health Plans of Texas	1-888-223-7887
		<i>(formerly Certus Healthcare, LLC)</i>	
		WellChoice (Comprehensive Health Services of Texas, Inc.)	1-800-559-9355

Sources of financial information

Several organizations publish information about the financial strength of HMOs and other insurance companies in Texas. The financial condition of a health plan can impact its ability to timely pay claims and, in extreme cases, may affect quality of care. Unusually high complaint levels against a health plan, especially by medical providers, are sometimes an indication of poor financial condition.

For financial strength ratings of Texas health plans, you may contact the following organizations:

A.M. Best

www.ambest.com

1-908-439-2200

Standard and Poor's Corp.

www.standardandpoor.com

1-212-438-7307

Weiss Ratings, Inc.

www.weissratings.com

1-800-289-9222

Further financial and other information about many Texas health plans can be obtained by calling the Texas Department of Insurance customer service line at 1-800-252-3439. TDI also makes financial information available online via its "Company Profiles" link at www.tdi.state.tx.us.

OPIC encourages consumers to review all available information about their HMO's financial strength.

Other sources of information

STATE

Texas Department of Insurance (TDI)

P.O. Box 149091
Austin, Texas 78714-9091
(800) 252-3439;
In Austin, 463-6515
www.tdi.state.tx.us

The TDI has regulatory authority over the state's HMOs, including complaints, appeals, quality of care and financial stability. TDI has information about HMOs and health insurance in general, both in printed form and on their website.

Texas Department of Health (TDH)

Bureau of Managed Care
1100 West 49th Street
Austin Texas 78756
(512) 794-6862
www.tdh.state.tx.us/hcf/mcstart.htm

The TDH's Bureau of Managed Care has primary regulatory responsibility over Medicaid managed care in Texas. TDH collects information about Medicaid managed care company performance. TDH has conducted and published a CAHPST[™] survey of Medicaid managed care plans, including HMOs.

Texas Health Care Information Council (THCIC)

206 East 9th Street, Suite 19.140
Two Commodore Plaza
Austin, Texas 78701
(512) 482-3312
www.thcic.state.tx.us

The THCIC is a state agency that collects data from hospitals and HMOs about quality of care and makes it available to the public. The Council annually collects and publishes Health Plan Employer Data and Information Set (HEDIS[®]) information from Texas HMOs. HEDIS[®] is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), a not-for-profit organization. HEDIS[®] is designed to allow for comparisons of HMO performance.

TexCare Partnership

P.O. Box 149276
Austin, Texas 78714-9276
1-800-647-6558
www.texcarepartnership.com

TexCare Partnership offers three separate children's health insurance programs: Children's Health Insurance Program (CHIP), Medicaid for Texas Children, and

Texas Healthy Kids Corporation (currently being phased out). TexCare Partnership provides health insurance for children at a price that fits the budgets of Texas families.

Texas Department on Aging (TDoA)

P.O. Box 12786
Austin, Texas 78711
(512) 424-6840
www.tdoa.state.tx.us

The TDoA was formed to administer programs funded by the federal Older Americans Act of 1965 (OAA) as well as contributions from the Texas Legislature and local communities. These programs have been aimed at helping people 60 years of age and older maintain their health, personal independence, dignity and ability to contribute to society.

Health Information, Counseling and Advocacy Program (HICAP)

1-800-252-9240 (TDoA)

HICAP provides one-on-one counseling to older and disabled Texans. Benefits counselors help sort through confusing paperwork and get answers to important questions. HICAP volunteers provide informa-

(continued from page 31)

tion on critical issues including Medicare, Medicaid, supplemental insurance, Medicare HMOs, long term care insurance and retirement benefits. HICAP is sponsored by the TDoA, the TDI and the Texas Legal Services Center.

Texas Health Insurance Risk Pool (THIRP)
P.O. Box 6089
Abilene, Texas 79608-6089
1-888-398-3927
www.txhealthpool.org

The THIRP was created by the Texas Legislature to provide health insurance to Texas residents who either cannot obtain adequate health insurance coverage as a result of their medical conditions, or are considered “Federally Eligible Individuals,” as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Employees Retirement System of Texas (ERS)
18th and Brazos Streets
P.O. Box 13207
Austin, Texas 78711-3207
(800) 252-3645
In Austin, 476-6431
www.ers.state.tx.us

The ERS administers health benefit plans for state agency and higher education employees whose employers participate in the Texas Uniform Group Insurance Program (UGIP). ERS also administers

retirement plans for state agency employees. Their website contains useful information and guides to health benefits.

Teacher Retirement System of Texas (TRS)
1000 Red River Street
Austin, Texas 78701-2698
(800) 223-8778
In Austin 397-6400
www.trs.state.tx.us

The TRS administers health insurance and provides retirement and related benefits for active and retired employees of public schools, colleges and universities supported by the state. TRS is the state's largest public retirement system.

FEDERAL

Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21244-1850
(410) 786-3000
www.hcfa.gov

The Health Care Financing Administration (HCFA) is the agency of federal government responsible for oversight of the nation's Medicare program, including Medicare HMOs and other Medicare managed care organizations. HCFA makes information available to Medicare beneficiaries via its website, including comparative information about Medicare HMOs.

United States Department of Labor
Pension and Welfare Benefits
Administration
(Dallas Regional Office)
525 Griffin Street, Rm. 707
Dallas, Texas 75202-5025
(214) 767-6831
www.dol.gov/dol/pwba

The Pension and Welfare Benefits Administration (PWBA) of the Department of Labor is the federal agency responsible for administering and enforcing provisions of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). The PWBA publishes numerous documents and guides to assist workers with employer-based benefits in getting the information needed to protect their benefit rights.

Office of Personnel Management
Federal Employees Health Benefit Program
San Antonio Service Center
8610 Broadway, Room 305
San Antonio, Texas 78217
(210) 805-2423
www.opm.gov

The Office of Personnel Management publishes an annual guide on health benefit plans for federal civilian employees called the FEHB Guide. The guide compares and rates HMOs, fee-for-service and managed care health plans that are available to federal workers.

Please send questions or comments to:

Office of Public Insurance Counsel

William P. Hobby State Office Building

333 Guadalupe, Suite 3-120

Austin, Texas 78701

512-322-4143

fax 512-322-4148

<http://www.opic.state.tx.us>

Rod.Bordelon@mail.capnet.state.tx.us

TDD or TT Users Call 1-800-RELAY TX
then ask agent to call the number you wish to reach



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